

**CDC *Vital Signs* Town Hall Meeting
on Motor Vehicle Passenger Safety
Q&A Transcript**

January 11, 2011
2:00pm – 3:00pm EST

Coordinator: Thank you Dr. Monroe. At this time if you would like to ask a question please press star-1 on your touchtone phone. Please record your name so that I may introduce you. Once again, it is star-1 on at this time for questions.

Dr. Judy Monroe: Great. While we're waiting on questions, you know, what we'd love to hear from on this call - those of you who don't have primary seatbelt laws, what barriers have you encountered in gaining support for this. And those of you that have passed primary seatbelt laws, do you have some additional advice beyond what we heard from Michigan regarding how those states without the primary laws might move their issue forward.

Coordinator: We have a question from Katherine Zwicker. Ma'am, your line is open.

Katherine Zwicker: Thank you, good afternoon. This is a very timely call for us and a CDC call set up for us and I appreciate it. We just received - I'm sorry. I work with the Maine Injury Prevention Program in Augusta, Maine. And we just have had a bill introduced, an act to make a violation of the laws governing seatbelts a secondary offense.

And I would love to hear from anyone, we just passed the primary seatbelt law in 2007 and we're already having it - a bill introduced to get it back to a secondary offense and I just wondered if anybody has had any experience with that. And any guidance would be greatly appreciated.

Dr. Judy Monroe: Boy, that is a great question and a great issue. So let me open it up to our experts on the phone. Anyone?

John Auerbach: This is John Auerbach from Massachusetts. One thing I would say is we had a similar experience with this, but believe it or not, it was 20 years ago. Massachusetts passed an early primary seatbelt law, there was a backlash, an organized backlash against it, and then it was repealed.

And what some of the lessons that people drew from that—and this is now, you know, quite a while ago—is that it was really important to build a solid base of support within the legislature, within key organizations, and, to a certain extent, within the public.

And that, you know, having some real strong advocates within the legislature who would, you know, be willing to fight for it if criticized and having, you know, a group of people who were prepared to mount a letter writing campaign or telephoning campaign if it seemed threatened was just as important a part of the passage as, you know, getting the right number of votes.

So I think our lesson was, in the process of passage, think about building that level of support and now it sounds like, to the degree you have the ability to do so, trying quickly to call upon the natural allies to deal with this as an effort which will require people calling and writing in order to protect it. It kind of almost needs a grassroots level of support would be my thinking on it.

Dr. Judy Monroe: Do others on the call have recommendations or comments on this topic?

Linda Scarpetta: This is Linda and I agree with what John said. And I think if there is any data that you have in terms of increasing belt use, looking at decreases in injuries and fatalities, you know, trying to look at the impact of the law and showing

how effective it's been in really focusing in on the health impacts of that may be helpful.

But certainly it makes me think of the efforts throughout the country to repeal motorcycle helmet laws and it's kind of the same thing. So any data you can (give) in support of it might be helpful.

Dr. Judy Monroe: Yes, this is Judy, and then I think of my own experience and certainly have heard from others, so the data is so powerful and then if you can marry that data to a story of an individual. I mean if you've got some stories that can be told about the, you know, unfortunately maybe lost lives but it's all about saving the lives. You might want to think about that as well.

Operator, do we have other questions, other comments there?

Coordinator: Once again, if you would like to ask a question please press star-1 at this time.

Katherine Zwicker: Could I ask a follow-up please?

Dr. Judy Monroe: Yes, sure.

Katherine Zwicker): Just - I'm not sure if this makes a difference or not, it feels like it does, this bill's being introduced by the Senate Chair of our Transportation Committee.

Dr. Judy Monroe: Wow. Comments on that?

John Auerbach: Only best of luck. It sounds like a real challenge to try to grapple with that kind of situation.

Dr. Judy Monroe: It's frightening to me to hear - I mean I certainly hope now about the motorcycle helmet laws and we've certainly made such progress. We don't want to see, you know, states beginning to repeal primary seatbelt laws so this is a threat really for all of us that we need to think through.

You know, let me just ask a quick question. In Maine, what's the status of the State Health Official there?

Katherine Zwicker: I'm sorry. The status of what?

Dr. Judy Monroe: Your State Health Official? Didn't you guys have a change in Health Official?

Katherine Zwicker: It's acting capacity right now. We're under extremely interesting times.

Dr. Judy Monroe: Okay, wow. Okay. Yes, we may want to chat with you beyond this call about a number of things.

Katherine Zwicker: Great, thank you.

Dr. Judy Monroe: You bet. Operator, are there other questions?

Coordinator: Yes, we have a question from Matt Reidhead with the Missouri Department of Health and Senior Services. Sir, your line is open.

Matt Reidhead: Hi everybody. Thanks for holding this call. Missouri is currently in the process of completing our Core VIP Grant Application, which has a motor vehicle component in it but it requires for the policy intervention to target children ages 0 to 19. Do you guys have a sense of whether primary seatbelt legislation would meet that criterion? And then also, could you rename the legislation that offers incentives for primary seatbelt laws?

Linda Scarpetta: This is Linda. The first question you were asking, would the primary enforcement law include children 2 to 19?

Matt Reidhead: It's 0 to 19 and I know, obviously, they would be included but would that satisfy the requirements of the grant which are pretty specific? It says motor vehicle-related injuries in children will be confined to ages 0 through 19 for the purposes of this FOA.

Linda Scarpetta: I know that I can't answer that because I think that would be directed more towards CDC but I think your second question was a question about the federal incentive funding.

Matt Reidhead: Yes.

Linda Scarpetta: Yes, I can give you that information. The acronym is SAFETEA but it's—let's see, here we go—Safe Accountable Flexible and Efficient Transportation Equity Act and that was in 2003. I think it might have a slightly different name now.

Matt Reidhead: Okay, great, thanks.

Dr. Judy Monroe: Laurie, are you still on?

Laurie Beck: I'm here.

Dr. Judy Monroe: Yes, do you have an answer for the CDC question.

Laurie Beck: I am not involved in that FOA so I can't answer that but I can try to find out who is and see if they can get you some information.

Dr. Judy Monroe: So we'll follow up with you on that.

Matt Reidhead: Great.

Coordinator: We have one other question at this time. I'd just like to remind parties, if you would like to ask a question please press star-1 and record your name at this time. Our final question at this time is from Mark Horton with the California Department of Public Health. Sir, your line is open.

Mark Horton: Hi, thanks. I just wanted to compliment the presenters. That was a very nice summary of the situation and particularly appreciated the state-by-state presentations.

I wanted to particularly just comment on the presentation from Michigan, Linda, and, you know, in terms of lessons learned I think that what Michigan did I think is a beautiful job of acknowledging concerns and validating, you know, the reality of those concerns and incorporating them into the legislation. In particular, you know, building in to the legislation the requirement that a demonstrated decrease in motor vehicle fatalities occur in order to maintain the primary status—I think was a beautiful strategy to counter the naysayers.

And similarly I think building into the legislation a specific requirement to address the potential harassment issue. I just wanted to acknowledge it. I think both of those were very, very responsive.

You know, too often in public health I think we have a tendency to dismiss as crazy even sometimes people that don't see what we seem to see as obvious things that need to be done and yet responding to those valid concerns and incorporating into the legislation - requiring us to put our feet to the fire and actually demonstrate either the lack of impact on harassment or to actually

demonstrate the effectiveness I think are good strategies for those states considering moving to the primary legislation moving forward.

So thanks for that and good job.

Linda Scarpetta: Thank you very much. I think it was. When I was looking back through that I realized that, you know, it really does make it more a transparent process. It really holds us accountable to the things that we're saying, the results that we would anticipate with these changes and laws. So, you know, I think it was rather creative and I really haven't seen that before in other sorts of legislations. So I think that's a good point that it does - it's a point that could be made if you start to put some of this stuff into the language that it really does enforce more of accountability with us.

Dr. Judy Monroe: Excellent point. Mark thanks for bringing that up and highlighting that again.

Mark Horton: Good, thanks Judy.

Dr. Judy Monroe: Very impressive. Any more questions?

Coordinator: We have no other questions at this time.

Dr. Judy Monroe: Okay, we'll open up. If you don't have questions, if you just have comments and while you're thinking about that, we've got just a few more minutes here or we can wrap up early. I would like to just kind of focus a little bit on the use of the *Vital Signs*. You know, we want all of you thinking about how you might incorporate the What Can Be Done section of the *Vital Signs* that have the actions for states employers, individuals, parents, care givers and health professionals.

So if there are any comments on *Vital Signs* in general and how useful they have been or how you might be using those in your jurisdictions, we'd love to hear from you either on the call now or, you know, send us a note about that. And then we're also really hoping that *Vital Signs* can help you with your policy efforts. So we want to make it as best we can.

So Operator, I'll turn again. Any comments or last questions?

Coordinator: Once again, please press star-1 if you would like to place a comment or have a question at this time.

Dr. Judy Monroe: And if not, if they don't have any other questions, we can go ahead and end a little early out of respect for everyone's time.

Just a reminder to visit our Website and give us a little bit of feedback. It's a very short survey. We truly value your input into this. It's really a new series for us and it really is meant to be a town hall meeting so that we can share exactly what took place on the call today, what's happening out in the field and swap ideas and strategies for making us a healthier nation.

So I want to thank everybody, thank all the speakers and thank all of you that joined us today.

Next month's *Vital Signs* topic is on cardiovascular disease so we'll be sending out more information about the next town hall meeting. So thank you Operator and thanks everybody.

Coordinator: That does conclude today's conference call. We thank you all for participating. You may now disconnect and have a great rest of your day.